

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11201 (1)

NOBEL EDUCATION DYNAMICS, INC.



Principal Place of Business: **1400 N. PROVIDENCE ROAD SUITE 3055 MEDIA PA 19063 US**
Mailing Address: **1400 N. PROVIDENCE ROAD SUITE 3055 MEDIA PA 19063 US**

3. Date Incorporated or Qualified: **08/21/1986**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **22-2465204**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or print name of registered agent and title, if applicable) (If the Registered Agent signature is required, when it is required) (Date)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CLEGG, A. J	
STREET ADDRESS	1400 N. PROVIDENCE RD. SUITE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEANGELO, YVONNE	
STREET ADDRESS	1400 N. PROVIDENCE RD. SUITE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM	
STREET ADDRESS	135 MAPLE AVENUE	
CITY-ST-ZIP	WILLOW GROVE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FROCK, JOHN	
STREET ADDRESS	1400 N. PROVIDENCE RD. SUITE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINSON, JOHN	
STREET ADDRESS	12 W. SHORE DRIVE	
CITY-ST-ZIP	BENNINGTON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGOVERN, KEVIN	
STREET ADDRESS	2 ROUND HILL ROAD	
CITY-ST-ZIP	GREENWICH CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DIRECTOR
33 STREET ADDRESS	JANET KAIZ
34 CITY-ST-ZIP	1400 N. PROVIDENCE RD. STE 3055
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	MEDIA, PA
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DIRECTOR
63 STREET ADDRESS	EVGENE MONACO
64 CITY-ST-ZIP	1400 N. PROVIDENCE Rd
	MEDIA, PA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yvonne De Angelo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)